

DEPARTMENT OF SOCIAL SERVICES

744 'P Street, Sacramento, CA 95814



June 22, 1992

ALL-COUNTY LETTER NO. 92-61

TO: COUNTY WELFARE DIRECTORS

Reason for this Transmittal

- ☐ State Law Change
- ☐ Federal Law Change
- ☒ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☐ Initiated by SDSS

SUBJECT: IMPLEMENTATION OF MILLER v. CARLSON (NOW MILLER v. HEALY) LAWSUIT

REFERENCE: ALL COUNTY LETTERS (ACLS) NO. 91-89 AND 91-114

The purpose of this letter is to provide instructions for implementation of the Miller v. Carlson (now Miller v. Healy) lawsuit. On May 26, 1992, the Interim Court Order was issued which requires the State Department of Social Services (SDSS) to implement on July 1, 1992. A copy of the Interim Order is attached (Attachment 5).

The Miller v. Carlson Interim Court Order mandates the State to provide child care to Aid to Families with Dependent Children (AFDC) recipients in approved education and training activities who are not enrolled in the GAIN program. The Order is based on the Court's interpretation of provisions of the Family Support Act of 1988. The Court Order requires the provision of child care assistance to members of the plaintiff class on the same basis available to GAIN participants in self-initiated education or training activities. The Court has ordered the SDSS to implement its Interim Order and begin notifying all AFDC recipients of the availability of child care assistance pursuant to the Court Order prior to July 1, 1992.

In order to provide implementation materials to the Counties as soon as possible, SDSS is transmitting the attached guidelines, rather than permanent regulations, for implementation based on the Court Order. The Court Order specifies that SDSS shall implement the provisions of the Order without regard to the requirements of the California Administrative Procedures Act, Government Code Sections 11134-11136. Permanent regulations will be developed and transmitted to the Office of Administrative Law at a later date.

The Department recognizes that a program of this magnitude involves many actions by the County after receipt of these guidelines and prior to the full implementation of the program. These activities may include a survey of the County's AFDC populations to determine the number of recipients eligible for the program, a determination of the staff and other resources necessary to serve the population, authorization from the County Board of Supervisors to acquire these

resources, and other start-up activities necessary to implement the program such as training staff, etc. However, based on the terms of the Interim Order, counties must begin accepting applications for program services on the implementation date. The Court's Interim Order does not permit us to delay implementation of the program beyond July 1, 1992.

SDSS requests that each county contact its GAIN Operations analyst with the name and phone number of a contact person who will handle client inquiries regarding the implementation of this lawsuit. This contact should be made no later than July 1, 1992, if possible.

Attached are the guidelines, forms, notices, instructions, fiscal claiming information, funding information, and additional information to be used to implement the provisions of the Court Order. SDSS will be in contact with the counties to determine if any additional clarifying materials will be necessary.

If you have any questions regarding the implementation or interpretation of the Miller v. Carlson Court Order please see the attached SDSS Contact List (Attachment #1) for the name of the appropriate contact person.



MICHAEL C. GENEST
Deputy Director
Welfare Program Division

Attachments

cc: CWDA

up to the 75th percentile of the Regional Market Rate (RMR). The county shall only issue a child care payment for the child care hours utilized that are reasonably related to the hours that the participant is in the education and training program.

o **Methods of Payment**

Counties shall provide the participant with the Request for NET Child Care Payment, TEMP NET 3, which the participant is required to submit in order to obtain a NET child care payment. NET funds may be used to pay for child care services arranged by the participant providing those costs do not exceed the rate ceiling. Child care costs shall be reimbursed in accordance with MPP Sections 42-750.332, .334, .335, 42-750.34 and .35.

The Interim Order specifies that advance payments shall be made only to providers of child care and such payments shall be made to the extent available to GAIN participants.

The NET participant shall submit a written request for payment signed under penalty of perjury for child care costs related to the education and training program. A request for payment shall include a self-certification of the actual hours of attendance in the education and training program, type of child care provider, total child care hours, and total child care costs.

Changes in child care providers must be reported in accordance with MPP Section 42-750.36 and are subject to the conditions and limitations noted.

o **Loss of Eligibility**

Loss of program eligibility occurs when the county determines the participant fails to meet the program requirements. For example, the NET participant loses eligibility for the NET program benefits when he or she terminates the program without good cause, attends less than full-time without good cause, or does not make satisfactory progress. The NET participant may reapply for any remaining NET program benefits once the eligibility requirements are met.

A participant may have good cause for not meeting program requirements. Good cause exists only when the participant cannot reasonably be expected to fulfill his/her NET program responsibilities due to factors outside of his/her control. The NET program participant must provide a full explanation and justification for these situations.

Good cause shall only be found if the request is made by the participant within 10 working days from notice of termination of NET benefits or if the participant requests and prevails at a state hearing. A request is defined as any clear expression to the CWD, whether verbal or written, that the participant wants an opportunity to present his/her explanation for not meeting the NET program requirements.

GAIN good cause criteria, defined in MPP Section 42-782.1 (b), (c), (d), (e), (f), (j) and (o) shall be used to evaluate a NET participant's explanation for not meeting the program requirements.

In lieu of a request, a county has the discretion to independently determine that one of the situations specified above does or does not exist.

When the participant has good cause for not participating or reporting timely, the county shall (1) rescind the discontinuance; and (2), if appropriate, allow all child care costs.

If the CWD determines that no good cause existed for the failure to comply with NET program requirements, the termination of NET program shall proceed in accordance with the original Notice of Action (NOA).

o **Underpayments and Overpayments of Child Care Services**

For the collection of unused advance payments for child care services, refer to MPP Sections 42-750.61 and .62.

For underpayments and the collections of child care overpayments, refer to MPP Section 42-751.

o **Forms and Notices of Action**

SDSS has developed new forms for the NET program. Reproducible copies of the forms and additional instructions regarding the forms are included in Attachment 3.

SDSS has developed seven new NOA forms and corresponding messages for the NET program. Reproducible copies of the NOA forms, NOA messages, and additional instructions for their use are included in Attachment 4.

NOAs shall be issued stating the approval of child care services and the approval of the participant's education or training program, level and method of payment, denial of requests for NET benefits, changes to existing child care services or payments, collection of overpayments, and termination of child care services or payments.

SDSS does not anticipate reproducing the English language stock until after the Permanent Order is issued by the Court. Until that time, counties shall reproduce their own supply of the forms necessary to implement this program.

Translated versions of the forms and NOA messages will be issued as soon as possible.

- o **State Hearings**

When a participant believes that any program requirement or county determination is inconsistent with the NET program, the CWD shall inform the participant of the right to request a state hearing. Procedures for a state hearing are specified in the Manual of Policies and Procedures, Division 22.

When a participant requests a hearing to appeal the County's action, he/she shall be entitled to child care services only at the level and in the form authorized by the county pending the hearing decision.

- o **Regional Market Rate Survey**

Child care cost reimbursements shall be determined based upon the most current survey conducted by the California Child Care Resource and Referral Network. A copy of the most recent survey can be obtained from the County GAIN Coordinator or by contacting SDSS.

- o **Fiscal Claiming**

Time study and fiscal claiming instructions for the new NET program will be developed and transmitted to the Counties in the County Fiscal Letters that will be issued by SDSS for the September 1992 quarter. If you have any questions regarding fiscal claiming or time studying, please consult the SDSS Contact List (Attachment #1).

- o **Funding Information**

The total estimated FY 1992/93 cost for the NET program is \$88.2 million. This includes both costs associated with child care payments and administration. At this time, the California Department of Education (CDE) has tentatively agreed to provide SDSS with approximately \$30 million in federal Child Care and Development Block Grant funds. This grant, which is 100% federal funds, is the initial funding source for FY 1992/93. The amount of the Block Grant which may be expended on administrative costs is limited to 10%. SDSS is attempting to identify additional funding sources for the first year and will inform you of our progress. All costs requiring a local match will be paid pursuant to Welfare and Institutions (W&I) Code Section 15204.2 in which the state share is 70% of the non-federal costs and the county share is 30% of the non-federal costs.

The estimated cost of this program is shown on Attachment 6. The methodology used was based on the most recent available AFDC Continuing caseload (April 1991 - March 1992) from the CA 2327. Each County's percentage of caseload total was applied to the statewide total of \$88.2 million. An adjustment was made to ensure each county a minimum amount of \$55,000. This is a program cost estimate for planning purposes only and is subject to change. Each county's actual experience in the NET program may vary based on the unique circumstance in that county including the extent they are able to serve NET participants within their GAIN program. SDSS will be contacting counties to

determine the extent NET program funding will be needed. Once the contract between CDE and SDSS has been finalized and other funding sources have been determined, SDSS will provide the counties with their allocations, and other fiscal information under separate cover.

o **Statistical Reporting**

SDSS is in the process of developing a form to gather necessary statistical information for the NET and other Title IV-A non-GAIN child care programs. Specific data elements identified by the Department of Health and Human Services (DHHS) are identified in Attachment #5. The statistical form and instructions will be issued at a later date by the Statistical Services Bureau. However, it is expected that NET program data will be collected for reporting purposes in the manner described in Attachment 5 beginning July 1, 1992. If you have any questions regarding statistical reporting, please consult the SDSS Contact List for the appropriate contact person (Attachment #1).

o **AB 2184 Implementation**

When SDSS implements the provisions of AB 2184, these guidelines will need to be modified or changed to access the child care services funding for NET program participants.

o **State/Federal Law Changes**

SDSS shall modify or make program changes to the NET program as a result of any subsequent State or Federal law changes.

NON-GAIN EDUCATION AND TRAINING PROVIDER (NET) FORMS

Attached are reproducible copies of NET program forms. All of the TEMP NET forms are "Required - Substitute Permitted". All Notice of Action forms (designated NA) are "Required" and are included in Attachment 4.

The TEMP NET forms are attached and are discussed in the following order:

- o Important Notice, TEMP NET 1 (Informing Notice);
- o NET Services Rights and Responsibilities, TEMP NET 2 COVERSHEET;
- o Request for NET Benefits, TEMP NET 2;
- o Request for NET Child Care Payment, TEMP NET 3;
- o NET Child Care Overpayment Notice, TEMP NET 4;
- o NET Child Care Repayment Agreement, TEMP NET 5;
- o NET Child Care Overpayment Final Notice, TEMP NET 6;

Important Notice, TEMP NET 1 (Informing Notice)

This form is to be used to satisfy the initial informing requirements for the NET program Interim Court Order. The TEMP NET 1 is to be distributed to current AFDC recipients. Also, during the AFDC application process, new applicants shall be provided a copy of this notice. Counties may also use other means, i.e., stuffers, fliers, etc., to inform AFDC recipients as long as the exact language from the Important Notice, TEMP NET 1 is utilized.

The upper portion of the TEMP NET 1 is in English and the lower portion is in Spanish. The Cambodian, Chinese, Lao, and Vietnamese translations will follow under separate cover.

Request for NET Benefits, TEMP NET 2, and COVERSHEET

NET guidelines provide that a request for NET benefits must be made in writing to the County from which the recipient receives AFDC benefits. Written requests for benefits can be submitted by mail.

The Request for NET Benefits, TEMP NET 2, provides a document which will collect specific information to make a NET eligibility determination. The NET applicant's AFDC case file may be used to verify information submitted by the applicant, such as whether the applicant has previously applied for the GAIN and/or NET programs.

Applicants for NET benefits are required to submit verification of enrollment in their education or training program. If they are currently attending, applicants must submit a statement from their education or training program provider that they are making satisfactory progress. Note that the County need not reverify any information (such as birth certificates, Social Security numbers, citizen/alien status, etc.) which is already contained in the AFDC case file.

The NET Services Rights and Responsibilities, TEMP NET 2 COVERSHEET, provides the applicant with information on the NET child care program and eligibility requirements. The rights and responsibilities of applicants for NET benefits are also included on this form. In addition, criteria for the discontinuance of NET benefits are included on this form.

Request for NET Child Care Payments, TEMP NET 3

NET guidelines provide that the County shall only issue a payment when the child care hours utilized are reasonably related to hours the NET participant is in the education or training program.

The TEMP NET 3 is a document which the participant completes to receive a child care payment. Before a NET payment can be authorized by the County, the participant must certify by signing under penalty of perjury that he/she attended the education or training program during the hours specified on the TEMP NET 3 and that the hours of child care reported were related to participation in the education or training program. Attendance will also be periodically verified when the participant submits his/her progress report from the education and training provider.

If there are multiple child care providers, the participant will have to submit a separate form for each provider.

NET Child Care Overpayment Notice, TEMP NET 4

The County shall send the TEMP NET 4 to the participant within 10 calendar days of the date the overpayment is first identified. The form includes the reason for the overpayment, calculation of the overpayment, and the repayment process. The Miller vs. Carlson/Your NET Hearing Rights - How to Ask for a State Hearing form must accompany the TEMP NET 4 when it is sent to the participant.

NET Child Care Repayment Agreement, TEMP NET 5

The TEMP NET 5 is an agreement between the participant and County specifying how an overpayment which has been made to the participant is to be repaid. The County completes Part I, which includes the amount of the overpayment and instructions to the participant about the repayment process.

The participant completes Parts II, III, and IV, which include cash payment arrangements, NET child care payment reductions, and AFDC grant reductions. The completed agreement is signed by the participant and County worker.

NET Child Care Overpayment Final Notice, TEMP NET 6

The TEMP NET 6 is utilized when the participant does not agree to repay an overpayment, does not pay as agreed in his/her NET Child Care Repayment Agreement, is no longer participating in NET or on AFDC, or had a deferred repayment while participating in NET but is ready to repay now. The amount of the remaining overpayment is calculated by the County on this form. The Miller vs. Carlson/Your NET Hearing Rights - How to Ask for a State Hearing form must accompany the TEMP NET 6 when it is mailed to the participant.

REQUEST FOR NON-GAIN EDUCATION OR TRAINING (NET) CHILD CARE - COVERSHEET**What is NET?**

- NET may help you pay your child care costs while you attend your non-GAIN education or training program.
- You may get NET child care assistance for up to 24 months beginning with the first month you apply for NET benefits.
- You must be on AFDC and have child care costs for child(ren) in the AFDC assistance unit or receiving SSI or foster care under the age of 13 year unless your child(ren) need(s) special care.
- NET cannot be paid when the child care provider is under 18 years old, is a parent or legal guardian of the child, or a member of the AFDC assistance unit.
- You must be enrolled and making satisfactory progress in an education or training program that the county says will likely lead to a job.

Your Rights:

- To get a response to your written request for NET benefits within 45 days.
- To be told in writing when your application is approved or denied or your benefits change or stop.
- To choose the child care provider that is best for you and your child(ren). Child care providers must be licensed with the State of California unless they are exempt. Exempt means non-licensed care of your children by a friend, neighbor, or relative in your home or their home. The friend or neighbor may only care for your children and theirs without a license. Exempt care also includes after school programs provided by school districts at grammar schools.
- To ask for a state hearing if you disagree with any action taken by the county. If you ask for a hearing you shall be paid for child care services only at the level and in the form authorized by the county action under appeal.
- To be served without regard to race, color, national origin, religion, political affiliation, marital status, sex, handicap, or age. You may file a complaint if you feel you have been discriminated against.

Your Responsibilities:**You Must:**

- Give us verification of:
 - your enrollment in your education and training program,
 - the length of your education program; and
 - your progress toward completion of the program, when needed.
- Choose a clean, healthy and safe environment for your child care.
- Give us the facts that we need and show proof of them as needed.
- Pay back any child care NET paid that you were not entitled to receive.

NET Child Care Benefits May Stop If:

- You are no longer eligible for AFDC.
- You stop your employment or training program without a good reason.
- You do not complete your education or training program within 24 months.
- You stop attending your education or training program full-time without a good reason.
- You do not make satisfactory progress toward completing your education or training program.
- You become eligible for and able to receive GAIN program benefits.
- You no longer have an eligible child.

Penalty Warning

- Failure to report facts or giving wrong or incomplete facts to the NET program can result in legal prosecution with penalties of a fine, imprisonment, or both.

MILLER v. CARLSON LAWSUIT IMPLEMENTATION

INDEX OF ATTACHMENTS

1. State Department of Social Services (SDSS) Contact List
2. Implementation Guidelines
3. Non-GAIN Education and Training (NET) Program Forms and Instructions
4. Non-GAIN Education and Training (NET) Program Notice of Action Forms, Messages, and Instructions
5. Statistical Reporting Requirements
6. Estimated Program Costs
7. Interim Court Order

NON-GAIN EDUCATION AND TRAINING (NET) PROGRAM

SDSS CONTACT LIST

<u>SUBJECT</u>	<u>CONTACT</u>	<u>TELEPHONE NUMBER</u>
Guideline implementation and policy interpretation	The GAIN Operations analyst assigned to your County	See attached phone list
Fiscal Claiming	Cindi Carleton	(916) 654-0690
Preliminary Funding Levels	Joyce Coles Karen Crum	(916) 657-3806
Statistical Reporting	Levy St. Mary	(916) 445-2135

GAIN OPERATIONS BUREAU COUNTY ASSIGNMENTS

JUNE 8, 1992 (subject to change)

Joelyn Walters
(916) 654-1460

SAN DIEGO
SISKIYOU
CONTRA COSTA
ORANGE
MERCED
MENDOCINO
MARIPOSA
PLUMAS
TRINITY
MONO

Barbara Nakano
(916) 657-2627

LOS ANGELES
SANTA BARBARA
SAN LUIS OBISPO
YOLO

Paul Nakashima
(916) 653-1706

AMADOR
NAPA
SACRAMENTO
SAN JOAQUIN
SHASTA
SOLANO
SONOMA
TEHAMA

Rafael Rodriguez, SSMI
(916) 654-1513

LAKE
PLACER
IMPERIAL
SIERRA

Ray Christensen
(916) 654-1426

CALAVERAS
FRESNO
MADERA
MODOC
NEVADA
RIVERSIDE
TULARE
TUOLUMNE

Barry Smith, SSMI
(916) 654-1451

COLUSA
GLENN
KINGS
MARIN
SANTA CLARA
SANTA CRUZ
STANISLAUS
YUBA

Ellie Kemp
(916) 654-1453

ALAMEDA
ALPINE
INYO
MONTEREY
SAN BERNARDINO
SAN FRANCISCO
SAN MATEO
VENTURA

Alan Rowe
(916) 657-2630

BUTTE
DEL NORTE
EL DORADO
HUMBOLDT
KERN
LASSEN
SAN BENITO
SUTTER

GUIDELINES FOR THE IMPLEMENTATION OF THE
MILLER v. CARLSON LAWSUIT

These guidelines implement the Interim Court Order in the Miller v. Carlson lawsuit. The Interim Order directs the State to provide child care to AFDC recipients in approved education and training activities who are not enrolled in the GAIN program. The Order is based on the Court's interpretation of the provisions of the Family Support Act of 1988. The regulations for this new program will be developed and filed with the Office of Administrative Law at a later date.

Unless otherwise specified, for the purposes of this letter the term "NET" will refer to the new Non-GAIN Education and Training program being established July 1, 1992.

o **Informing**

The Interim Order requires that notification to all AFDC recipients of the availability of child care assistance under the Order begin in advance of July 1, 1992. We recognize the difficulty many counties may experience in getting notice out to all AFDC recipients on such short notice. However, in order that AFDC recipients may be informed of their potential eligibility as closely as possible to the time such benefits are actually available, counties are encouraged to and should make every effort to notify all AFDC recipients prior to July 1, 1992. A reproducible copy of the informing notice which is to be used to satisfy the initial informing requirements is included in Attachment 3. Counties shall distribute this informing notice, which describes the availability of NET program benefits and eligibility requirements, to all AFDC recipients. Counties may use the exact language included in the informing notice to develop county-specific forms or stuffers. Also, during the AFDC application process, new applicants shall be provided a copy of this notice.

o **Request for NET Benefits**

A request for NET program benefits must be made in writing to the County from which the recipient receives AFDC benefits. Counties shall permit applicants to submit written requests for benefits by mail. The County should try to approve the requests within 30 calendar days, but has up to 45 calendar days from receipt of the request to grant or deny the request. The County shall authorize NET benefits effective the date of receipt of a complete application or effective the date of actual eligibility for NET benefits, whichever is later.

To determine program eligibility, applicants shall attend a face-to-face interview when the verification or gathering of information cannot be accomplished by mail or other means.

o **Program Eligibility Requirements**

To be eligible for NET program benefits, the AFDC recipient must meet all the following criteria:

- Have never applied for and received NET services for the full program eligibility period.
- Not be eligible for and able to receive GAIN Program services in the county. If an applicant appears to be able to enroll in GAIN, but is then unable to do so, the NET application will be approved based on the initial date of application for NET benefits.
- Not be receiving other child care subsidies that fully meet his/her child care needs required for completion of the approved education or training program.
- Meet the GAIN criteria for approval of self-initiated education or training programs. Refer to Manual of Policies and Procedures (MPP) Section 42-772.4 except .45 and .46.

o **Eligible Providers**

The NET participant shall be eligible for child care only when the provider meets all of the following conditions:

- The provider shall be at least 18 years of age;
- The provider shall not be a parent or a legal guardian of the NET participant;
- The provider shall not be a member of the assistance unit including essential persons;
- The provider shall be a licensed provider or be exempt from licensing.

At the time of request for NET program benefits, the county shall explain the licensing requirements to the participant. The County shall accept the participant's written certification that the provider is eligible.

o **Eligible Children**

Child care services shall be available to every NET participant with a child who meets the conditions of MPP Section 42-750.2.

o **Payment Determination**

The NET payment shall be the family's actual monthly child care costs **OR** the rate ceiling, whichever is less. The rate ceiling is based on the most current Regional Market Rate (RMR) survey conducted by the California Child Care Resource and Referral Network. The rate ceiling means child care costing

REQUEST FOR NON-GAIN EDUCATION OR TRAINING (NET) BENEFITS

INSTRUCTIONS: If you want NET child care benefits read the coversheet to this application before you fill out the questions below. Please use ink. Attach another sheet of paper if you need more space.

Return the completed form to your County Welfare Department (CWD). The CWD will tell you whether you can get NET child care. If you need help or have questions, ask your county case worker.

COUNTY USE ONLY

DATE RECEIVED

YOUR NAME (APPLICANT)

SOCIAL SECURITY NUMBER

CASE NAME

ADDRESS

CASE NUMBER

1. List children living with you and for whom you pay or will pay child care:

CHILD'S NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____
D. _____	_____	_____

Is anyone else currently paying for child care for your child(ren)?

☐ YES ☐ NO

If yes, complete the following:

Who is paying for your child care? _____

\$ _____ is received every _____ for _____ children.
(HOW OFTEN) (NUMBER)

Will these payments continue to be available for child care costs?

☐ YES ☐ NO

If no, why? _____

Do these payments cover all the child care you need for your education or training program?

☐ YES ☐ NO**2. Complete the following information regarding your education or training history:**

Have you applied for the GAIN program?

☐ YES ☐ NO

Date you applied: _____

Have you ever received NET services?

☐ YES ☐ NO

If yes: Dates: From _____ / _____ / _____ To _____ / _____ / _____

From what county? _____

Please circle the highest level of education you have completed:

1 2 3 4 5 6 7 8 9 10 11 12 AA degree BA degree or higher

Please list any licenses, certificates, or other vocational skills:

3. Complete the following information regarding your current education or training program.

NAME OF SCHOOL/TRAINING PROVIDER

ADDRESS

PHONE

With this application, you must provide verification to the County that you are enrolled in your education or training program.

Are you currently attending?

☐ YES ☐ NO

If yes, with this application, you must submit a grade report, a performance evaluation, or a signed statement from your provider verifying that you are meeting the provider's performance standards.

If no, when does your program start? _____ / _____
MONTH YEAR

What job or occupation will your education or training program prepare you for? _____

When will you finish your education or training program? _____ / _____
MONTH YEAR

A. ☐ Under 13 ☐ Over 13
☐ In AFDC/AU ☐ Disabled
☐ Foster Care ☐ Court
☐ SSI ☐ Supervision

B. ☐ Under 13 ☐ Over 13
☐ In AFDC/AU ☐ Disabled
☐ Foster Care ☐ Court
☐ SSI ☐ Supervision

C. ☐ Under 13 ☐ Over 13
☐ In AFDC/AU ☐ Disabled
☐ Foster Care ☐ Court
☐ SSI ☐ Supervision

D. ☐ Under 13 ☐ Over 13
☐ In AFDC/AU ☐ Disabled
☐ Foster Care ☐ Court
☐ SSI ☐ Supervision

Is GAIN accepting participants?
☐ YES ☐ NO

If yes, refer to GAIN.

_____ Number of months of
 NET eligibility left.

☐ Verify - Enrollment
☐ Verify - Initial MSP
☐ Verify - Job in Demand
☐ Verify - Completion in 2 years

3. Complete the following information regarding your current education or training program.
(Continued)

List the hours you are scheduled to attend your education or training program each day:
 Monday _____ Tuesday _____ Wednesday _____ Thursday _____
 Friday _____ Saturday _____ Sunday _____

Are you attending full-time according to your school or training provider? ☐ YES ☐ NO

If No, complete the following:

Are you willing to attend full time? ☐ YES ☐ NO

If No, explain why you are unable to attend full-time: _____

How often will your performance in your education or training program be evaluated or graded?

_____ End of Quarter, _____ End of Semester, Every _____ Months
 (Number)

COUNTY USE ONLY

_____ Total Hours in E/T
 per Week

☐ Verify - Full time

Good Cause for at least half-time?

☐ YES ☐ NO

MSP Report due

CERTIFICATION

- I understand that the statements I have made on this form are subject to investigation and verification.
- I understand that my education or training program must be needed for me to become employable.
- I understand that I may not participate in the NET program if I am eligible for and able to receive GAIN Program services.
- I understand that I must provide documentation verifying my participation and attendance in my employment or training program to remain eligible for NET child care, as required by the County Welfare Department.
- I understand that I must repay any NET benefits I am not entitled to receive.
- I have read (or it was read to me) and received a copy of the NET Coversheet and I understand my Rights and Responsibilities.
- I understand that failing to report facts or giving wrong or incomplete facts for NET program eligibility can result in legal prosecution with penalties of a fine, imprisonment or both.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this application is true and correct.

SIGNATURE OF APPLICANT

PHONE NUMBER

DATE

SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON

DATE

COUNTY USE ONLY

☐ APPROVED ☐ DENIED NET Begins: _____ NET Ends: _____

Reason for Denial: _____

COUNTY WORKER

DATE

SUPERVISOR

DATE

COMMENTS:

Request for NET Child Care Payment - TEMP NET 3

INSTRUCTIONS:

The TEMP NET 3 is submitted to the county by the participant each time that the participant requests a child care payment.

Part A is completed by the participant. The participant indicates the month of the request in Section 2 after the words "Month of Request". The participant indicates the number of hours that he/she attended his/her education or training program beside the number corresponding to the date of the month on which he/she attended. In Section 3, the participant indicates the name of the child(ren) for whom child care costs were paid, the child care provider's name, and the amount paid. The participant indicates the desired method of payment in Section 4. Information regarding the child care provider is indicated in Section 5. The participant indicates a change in the child care provider in Section 6.

The participant signs the bottom of the form under penalty of perjury.

The child care provider completes Part B of the form. The child care provider indicates whether he/she is licensed or exempt, the setting of the child care, the name(s) of the child(ren) for whom care was provided, the days and hours of child care, and the amount charged for each child during the month. The child care provider certifies under penalty of perjury at the bottom of the page.

The county worker indicates the date the TEMP NET 3 is received under the words "COUNTY USE ONLY." The county has 20 calendar days following receipt of the TEMP NET 3 to reimburse the participant for child care costs. For advance payments, the county has 7 days to send the advance payment to the provider.

REQUEST FOR NON-GAIN EDUCATION OR TRAINING (NET) CHILD CARE PAYMENT

Instructions: Complete and return this report to your Worker. You will not get a NET child care payment unless a request is received each month. Part A must be completed by you and Part B on the back of this form, by the Child Care Provider. If you have already paid your child care provider, please attach a receipt to verify payment of actual child care expenses.

NEED HELP? ASK YOUR WORKER.

PART A - RECIPIENT FILLS IN THIS SECTION.

NAME (FIRST, MIDDLE, LAST)	HOME PHONE ()	WORK PHONE, IF APPLICABLE ()
1. ADDRESS (STREET, CITY, STATE, ZIP CODE)		

2. List the number of hours you attended your education or training program for each day of the month. (Do not write in the blanks on days you did not attend).

Month of Request: _____

1 _____	6 _____	11 _____	16 _____	21 _____	26 _____	31 _____
2 _____	7 _____	12 _____	17 _____	22 _____	27 _____	
3 _____	8 _____	13 _____	18 _____	23 _____	28 _____	
4 _____	9 _____	14 _____	19 _____	24 _____	29 _____	
5 _____	10 _____	15 _____	20 _____	25 _____	30 _____	

3. List your child care expenses for the month:

CHILD'S NAME	PROVIDER'S NAME	AMOUNT PAID

4. Check one of the following methods of payment:

☐ Pay back to you ☐ Pay to your provider ☐ Advance to your provider ☐ Other

5. Complete the following information about your child care provider(s). If your children have different child care providers, provide information for each provider. You may need additional forms.

PROVIDER'S NAME	PROVIDER'S ADDRESS	PHONE ()
-----------------	--------------------	------------------

CHILD CARE IS PROVIDED IN

☐ Day Care ☐ Center ☐ Child's Home ☐ Other:

CHILD CARE PROVIDER IS:

☐ Licensed ☐ Non-Licensed

CHILD'S NAME	PROVIDER'S RELATIONSHIP TO CHILD:	CHILD'S NAME	PROVIDER'S RELATIONSHIP TO CHILD:
--------------	-----------------------------------	--------------	-----------------------------------

6. Has your child care provider changed since your last request for a NET payment?

☐ YES ☐ NO

☐ RMR Changed

CERTIFICATION

- I understand that I am certifying I attended the education and training program on the days and hours indicated above.
- I am requesting reimbursement I am entitled to receive under the NET program.
- I understand that I must pay child care rates which are comparable to rates billed by the child care provider for services given to other children.
- I understand I have the right to choose the child care provider who is best for me and my child(ren).
- I understand that the provider must have a license or be exempt from having a license in order for me to get a NET child care payment.
- I understand it is my responsibility to choose a clean, healthy and safe place for child care and that the county may visit the child care site.
- I understand that I must repay any NET benefits I am not entitled to receive, even when the benefits were paid to the child care provider.
- I understand that any NET payment made to the child care provider shall not create any contractual employment, business, or other relationship between the child care and the county or its agents and, that the child care providers endorsement of any payment shall not create such a relationship.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this request is true, correct and complete and that the child care was provided.

SIGNATURE OF RECIPIENT

DATE

PART B - CHILD CARE PROVIDER FIL**THIS SECTION****COUNTY USE****1. Complete the following information.**

YOUR NAME	ADDRESS	SOCIAL SECURITY NUMBER — —
<input type="checkbox"/> Licensed <input type="checkbox"/> Exempt If licensed, give license number:	CHILD CARE IS PROVIDED IN <input type="checkbox"/> Center <input type="checkbox"/> Day Care <input type="checkbox"/> Child's Home <input type="checkbox"/> Other:	PHONE ()

2. Complete below for child care provided.

CHILD'S NAME	RELATIONSHIP TO CHILD	DAYS OF CARE THIS MONTH	HOURS OF CARE PER DAY	TOTAL CHILD CARE CHARGED THIS MONTH \$
CHILD'S NAME	RELATIONSHIP TO CHILD	DAYS OF CARE THIS MONTH	HOURS OF CARE PER DAY	TOTAL CHILD CARE CHARGED THIS MONTH \$

3. How much has the family paid you for child care this month? \$**CERTIFICATION**

For the boxes listed below check (✓) each that applies to you.

- ☐ I certify I am a licensed child care provider.
- ☐ I certify I do not need a license because I am related to the child.
- ☐ I certify I do not need a child care license because I care only for the child(ren) in the family listed above. I understand I may care for my own child(ren) and a child(ren) from only one other family. I declare I do not care for any other children.
- ☐ I declare I am at least 18 years of age.
- I certify that I provided the child care listed above and that the hours of care and total monthly payment listed above is true and correct.
- I understand that failing to report facts or giving wrong or incomplete facts for the NET program can result in legal prosecution with penalties of a fine, imprisonment or both.
- I understand I must provide a clean, healthy and safe environment for child care and that the county may visit the child care site.
- I understand that any NET payment made to me shall not create any contractual employment business, or other relationship between me and the county or its agents, and that my endorsement of any placement shall not create such a relationship.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this request is true and correct and that the child care was provided.

SIGNATURE OF PROVIDER

DATE

COUNTY USE ONLY

NET Child Care Overpayment Notice - TEMP NET 4

INSTRUCTIONS:

This notice informs individuals that an overpayment has occurred and of the amount of the overpayment. It also describes the methods available to make repayments and how to request a deferred repayment. A NET Child Care Overpayment Notice, TEMP NET 4, must be sent each time an overpayment occurs.

If an overpayment is deferred under the Miller v. Carlson guidelines, the County must inform the individual that the overpayment is still owed but that repayment has been postponed. The County must document in the case file the amount and date of the overpayment and the expected ending date of the deferred status. If a subsequent overpayment occurs, the County can either confirm with the participant that the deferred repayment criteria still applies or automatically defer repayment of the subsequent overpayment.

If a NET Child Care Repayment Agreement, TEMP NET 5, is sent with the TEMP NET 4, a self-addressed envelope must be included.

Fill in the applicable month(s) or period of time the individual was overpaid in the blank at the top of the page.

Check the box under "HERE'S WHY:" that applies to the reason the overpayment occurred. If the overpayment is due to non-attendance without good cause, check the first box. Check the second box if the overpayment was made as an advance to the child care provider and indicate the month for which the advance payment was made. Check the "Other" box to describe when an overpayment has occurred due to County error.

Complete the overpayment computation. List the separate month(s) in which overpayment(s) occurred on the first line and the appropriate computation below. Additional computation sheets may be necessary.

Check the box(es) that tells the individual what action he/she must take within ten calendar days. Check only the box(es) that apply to the individual. Check the box that begins "You have told the County before that you cannot begin...", only when you are automatically deferring a repayment because the individual already has deferred repayments and it is determined that the deferral criteria still applies. Only current NET participants are eligible for deferred repayments.

**NON-GAIN EDUCATION OR TRAINING (NET) CHILD CARE
OVERPAYMENT NOTICE**County of: _____
ADDRESSEE: _____

NOTICE DATE:
CASE NAME:
CASE NUMBER:
WORKER'S NAME:

You were overpaid for the NET child care services(s) for the month(s) of _____:

HERE'S WHY:

- ☐ You did not have good reason for not attending the approved NET program and were not eligible for child care payment(s).
- ☐ Your provider was paid an advance payment for _____ that you were not entitled to receive.
- ☐ Other: _____

The following shows how much you were paid or what the county paid for you, the amount that should have been paid, and the total amount you owe.

APPLICABLE MONTH(S).....				
AMOUNT PAID.....	\$	\$	\$	\$
LESS AMOUNT YOU SHOULD HAVE BEEN PAID.....	- \$	- \$	- \$	- \$
OVERPAYMENT AMOUNT.....	= \$	= \$	= \$	= \$
TOTAL OVERPAYMENT (YOU OWE) FROM THIS NOTICE				= \$
PLUS TOTAL PREVIOUS UNCOLLECTED OVERPAYMENT				+ \$
NEW TOTAL AMOUNT YOU OWE.....				= \$

ONLY THE BOXES THAT ARE CHECKED BELOW APPLY TO YOU:

You must pay back what you owe. You have 10 days from the date this notice was mailed to you to:

- ☐ pay in full what you owe, ☐ complete and return the enclosed repayment agreement or,
- ☐ call your county at _____ to discuss a repayment agreement with the County.

If you do not pay what you owe or contact your County within 10 days after the date this notice was mailed to you, the County will collect the overpayment by lowering your NET child care payment.

The amount collected will be 5% of your NET child care payment if the overpayment was caused by the County or 10% of your NET child care payment if the overpayment was caused by you.

The overpayment collection will continue for each month you request a payment until the amount you owe is paid back. This means that your next NET child care payment of up to \$ _____ will be lowered by no more than \$ _____.

You may not have to repay in any month while you are in the NET program if you would:

- not have enough money to pay for child care to be in the NET program and/or
 - have to change the child care arrangements you have now.
- ☐ Call your worker to have your repayment delayed, if either of the reasons above apply to you.
- ☐ You have told the County before that you cannot begin to repay the overpayment while you are in the NET program. The County will delay this repayment.

CONTACT YOUR WORKER IF YOU THINK THIS NOTICE IS WRONG. YOU MAY ALSO ASK FOR A STATE HEARING. "YOUR NET HEARING RIGHTS" FORM TELLS YOU HOW TO ASK FOR A STATE HEARING.

If you go off aid before the overpayment is paid back and you do not continue to repay, the County may take what you owe out of your state income tax refund or take other action to collect.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment.

If you pay by check or money order send or bring it to:

Address: _____

If you pay by cash, pay in person. **DO NOT MAIL CASH.** Be sure to ask for a numbered receipt with the County's name on it.**RULES:** These rules apply: Miller vs. Carlson. You may review them at your welfare office.

NET Child Care Repayment Agreement - TEMP NET 5

INSTRUCTIONS:

The NET Child Care Repayment Agreement, TEMP NET 5, is to be used to secure a written repayment agreement with a participant who has received an overpayment. It may be sent with the NET Child Care Overpayment Notice, TEMP NET 4, then completed and returned by the participant, or the County may use it in a meeting with the individual to document the terms of repayment.

Section I

- The County fills in the total amount of the overpayment.
- In the space provided, enter the telephone number that can be called by the participant to get answers to any questions he/she may have regarding the agreement.

Section II

- The participant reads and initials in the box at the end of Section II.

Section III

- The participant checks the box which represents the payment method chosen and, as appropriate, fills in the payment amount and the date repayment will begin.

Section IV

- The participant checks the box to indicate the timeframe for beginning the repayment, and then signs and dates the form.

Section V

- The appropriate County employee completes and signs.

**NON-GAIN EDUCATION OR TRAINING (NET) CHILD CARE
REPAYMENT AGREEMENT**

ADDRESSEE

CASE NUMBER _____

CASE NAME _____

WORKER _____

DATE _____

I. REPAYMENT TERMS AND CONDITIONS

You must repay what you owe by using one or more of the methods listed in Section III. Your total NET child care overpayment is \$ _____.

You do not have to begin to repay the overpayment while you are in the NET program if you would not be able to keep the child care you have now or you would not have enough money to pay for child care that you need to be in the NET program.

If you cannot repay or begin to repay now, tell your worker now or if this form was mailed to you, call your worker within ten days of the date the form was mailed. If the County agrees, you will still have to pay back what you owe, just not now.

If you have any questions, please call us at _____.

If this agreement has been mailed to you and you have no questions, complete and sign this agreement. Keep the last copy. Return all other copies to the County. Do not send cash with this agreement. If you pay by cash, pay in person. Be sure to ask for a numbered receipt with the County name on it.

When approved by the County, a signed copy of this agreement will be sent to you.

If you are still in the NET program and do not return this agreement, completed and signed within ten days of the date this notice was mailed to you, the County will take action to collect the overpayment by reducing your next payment.

If you are no longer in the NET program and you do not return this form within ten days of the date this notice was mailed to you the County will demand payment and take other action to collect the overpayment.

II. I understand that:

1. Any changes in my ability to pay can change my monthly payments.
2. If anything changes, I can ask the County to enter into a new repayment agreement with me.
3. If I do not pay as agreed; no longer get AFDC; or for any reason this agreement no longer works, the County will require a new repayment agreement.
4. If I do not pay back the County as I have agreed, they can sue me to recover the amount owed even if it is beyond three years. I may have to pay collection costs, attorney fees, court costs, and interest.
5. If I do not pay, the County may take my state income tax refund and/or ask for the court to attach my wages or any property I own.
6. The County may ask other family members to repay if I do not repay the overpayments.

III. Check below the ways you want to repay. Fill in the amount(s) you will repay.**1. Cash Payment**

You may repay all or part of what you owe with cash.

☐ I will repay by lump sum cash payment of \$ _____ by _____.

☐ I will repay by monthly cash payment of \$ _____ by the first day of each month beginning _____.

2. Payment Reduction

If you get NET child care payments, you can repay by a percentage of your monthly payment or you can pay more if you want to. The highest amount you have to repay is 10% of your child care monthly payment, if the overpayment was caused by you. If the overpayment was an error by the County, the highest amount you have to repay is 5% of your monthly child care payment. You can choose to pay the same amount each month.

☐ I will repay the highest amount that applies in my case.

☐ Instead of the highest amount, I will repay by having my child care payment reduced by \$ _____ each month.

3. Grant Reduction

You may repay by having your AFDC payment reduced.

☐ I will repay by having my AFDC grant reduced by \$ _____ each month.

Put your initials here _____ to show that you have read and understand items 1 through 6 above.

IV. CHECK THE BOX BELOW THAT APPLIES TO YOU

☐ I can begin repayment within 30 days from the date this notice was mailed to me.

☐ I cannot begin to repay within 30 days from the date this notice was mailed to me, but I will begin to repay in the way(s) I chose in Section III, by _____.

Mail this form and payments to:

Bring this form and payments "in person" to:

Sign your name below and enter the date.

Signature _____ Date _____

V. To be completed by the County

The above signed Agreement has been accepted by _____ on _____

for _____ County.

Signature _____

**NON-GAIN EDUCATION OR TRAINING (NET) CHILD CARE
OVERPAYMENT FINAL NOTICE**COUNTY OF: _____
ADDRESSEE _____

NOTICE DATE: _____

CASE NAME: _____

CASE NUMBER: _____

WORKER'S NAME* _____

We told you on _____ that you were overpaid for NET child care services.

The amount of your overpayment that you still owe is \$ _____ and is due now.

HERE'S WHY:

- ☐ You did not agree to repay.
- ☐ You did not pay as agreed.
- ☐ You are no longer in the NET program, and your method of repayment no longer works.
- ☐ You are no longer getting AFDC, and your method of repayment no longer works.
- ☐ You did not have to repay while you were in the NET program. Now you need to repay.
- ☐ Other. _____

TOTAL OVERPAID AMOUNT	LESS AMOUNT YOU REPAID	TOTAL AMOUNT YOU OWE
\$ _____	- \$ _____	= \$ _____

You must pay the County what you owe or contact us to make a repayment plan within ten days from the date this notice was mailed to you.

If you do not repay the County or contact the County to enter into a repayment agreement, the County may take what you owe out of your state income tax refund or take other action to collect the amount you owe.

If you get AFDC you can ask to have your AFDC grant lowered to pay what you owe.

You do not have to use any Social Security or SSI benefits to repay this overpayment.

If you pay by check or money order, send or bring it to:

Address: _____

If you pay by cash, pay in person. **DO NOT MAIL CASH.** Be sure to ask for a numbered receipt with the County name on it.

If you have any questions call _____.

CONTACT YOUR WORKER IF YOU THINK THIS NOTICE IS WRONG. YOU MAY ALSO ASK FOR A STATE HEARING. 'YOUR NET HEARING RIGHTS' FORM TELLS YOU HOW TO ASK FOR A STATE HEARING.**RULES:** These rules apply. Miller vs. Carlson. You may review them at your welfare office.

IMPORTANT NOTICE**NON-GAIN EDUCATION AND TRAINING (NET) PROGRAM CHILD CARE**

The Non-GAIN Education and Training (NET) Program may help you pay your child care costs if you are enrolled or plan to enroll in a non-GAIN education or training program.

NET child care is being provided at this time under the terms of the Interim Order from the U.S. District Court in the Miller v. Carlson lawsuit. Your eligibility for the NET Program and your child care reimbursement may be stopped or subject to change when the Permanent Court Order is issued.

If you are on AFDC you may be eligible for NET child care assistance if you meet all of the following conditions:

- You are not eligible for or are not able to receive GAIN services in your county.
- You are currently enrolled in, or attending in good standing, a self-initiated education or training program that the county says will likely lead to a job.
- Your education or training program can be completed within two years.
- You are able to attend full-time or at least half-time, if you have a good reason, and make progress toward completion of your education or training program.
- You do not have a Bachelor's Degree level of education and you do not already have job skills that will likely lead to a job.
- Your child(ren) is/are under the age of 13 years (unless your children need special care).
- You are not receiving other child care subsidies that fully cover your child care costs related to your education or training program.

If you feel that you may qualify for NET child care assistance, call your local county welfare department.

AVISO IMPORTANTE**CUIDADO DE NIÑOS BAJO EL PROGRAMA DE EDUCACION Y ENTRENAMIENTO NO DE GAIN (NET)**

Es posible que el Programa de Educación y Entrenamiento No de GAIN (NET), le ayude a pagar sus gastos de cuidado de niños si usted está matriculado(a) o planea matricularse en un programa de educación o entrenamiento no de GAIN.

En la actualidad, el cuidado de niños a través de NET, se le proporciona en conformidad con los términos de la orden provisional de la Corte de Distrito de los E.U. en el caso conocido como Miller vs. Carlson. Es posible que su elegibilidad y su reembolso de cuidado de niños bajo el Programa NET paren o cambien cuando se emita la orden permanente de la corte.

Si usted está recibiendo AFDC, es posible que reúna los requisitos para recibir de NET asistencia en forma de cuidado de niños, si cumple con todas las condiciones siguientes:

- Usted no reúne los requisitos, o no puede recibir los servicios de GAIN en su condado.
- En la actualidad, usted está matriculado, o asiste regularmente a un programa de educación o entrenamiento de iniciación propia que el condado dice probablemente le conducirá a un empleo.
- Su programa de educación o entrenamiento se puede completar en un término de dos años.
- Usted puede asistir tiempo completo o por lo menos medio tiempo, si tiene un motivo justificado, y hacer progresos para completar su programa de educación o entrenamiento.
- Usted no tiene educación a nivel de un grado de bachiller, y todavía no tiene habilidades de empleo que probablemente le conduzcan a un empleo.
- Su(s) hijo(s) es (son) menor(es) de 13 años de edad (a menos que sus niños necesiten cuidado especial).
- Usted no está recibiendo otros subsidios para el cuidado de niños que cubren por completo los gastos de cuidado de niños relacionados a su programa de educación o entrenamiento.

Si usted cree que pudiera reunir los requisitos para recibir asistencia de cuidado de niños bajo NET, llame a su departamento de bienestar local del condado.

Request for NET Benefits - TEMP NET 2

INSTRUCTIONS:

A written request for NET benefits must be submitted to the county from which the recipient receives AFDC benefits.

The TEMP NET 2 COVERSHEET is given to the applicant at the same time as the Request for NET Benefits, TEMP NET 2.

Indicate the date the form was received at the top of page 1 under "County Use Only".

The applicant fills in his/her name, address, social security number, and completes Section 1 through 3 of the form. The applicant then signs the certification section, under penalty of perjury. If it is necessary to have assistance in completing the form, then the witness, interpreter, or other person who provides the assistance to the participant also signs at the end of the certification section.

In Section 1, the applicant lists the name(s), date(s) of birth, and social security number(s) of the child(ren) for whom child care will be paid. If the applicant answers that someone else is currently paying for his/her child care, then the applicant specifies who is paying for the child care, how much money is received, and how often the money is received and for how many children. The applicant indicates whether these payments will continue to be available for child care and whether these payments cover all the child care he/she needs to participate in his/her education or training program.

In Section 2, the applicant indicates if he/she has previously applied for GAIN, previously received NET services, and the highest level of his/her education.

In Section 3, the applicant describes his/her current education or training program. When submitting the TEMP NET 2, the applicant must provide verification to the county that he/she is enrolled in the education or training program. If the applicant is currently attending, the applicant must submit a grade report, performance evaluation, or signed statement from the education or training provider verifying that the applicant is currently meeting the provider's performance standards.

The applicant should clearly specify the hours he/she is scheduled to attend his/her education or training program for each day of the week.

If the applicant's performance in his/her education or training program is evaluated or graded on a timeframe other than the end of the quarter or semester, the applicant indicates the number of months after which the evaluation or grading takes place.

TEMP NET 2 INSTRUCTIONS (page 2)

The applicant then signs the certification section under penalty of perjury.

Once the TEMP NET 2 is submitted by the applicant, the county worker reviews the information to determine if the applicant meets the approval criteria for qualifying for NET benefits. On the right side of the form, the worker determines whether:

- the child(ren) for whom day care was requested are eligible for child care under NET,
- the applicant can be accepted into the GAIN program,
- the applicant has not used up his/her maximum 2 years of NET eligibility,
- the applicant is currently enrolled in his/her education or training program,
- the applicant is making satisfactory progress if already attending his/her education or training program,
- the job or occupation for which the applicant is preparing is identified as in demand in the county's local GAIN labor market assessment,
- the education or training program will be completed within two years,
- the applicant is enrolled full-time, or has a good reason to be enrolled at least half-time.

The county worker then determines when the reports for making satisfactory progress are due to be submitted by the participant, and indicates the dates on the form.

Following the section for the applicant's signature, the county worker indicates whether the Request for Net Benefits is approved or denied. If approved, the beginning and ending dates for NET eligibility are indicated. If denied, the reason for the denial is indicated. The county worker and, if necessary, the worker's supervisor sign off on the form.

The county worker then sends the appropriate NOA to the applicant, either approving or denying the NET education or training program or NET child care.

NET Child Care Overpayment Final Notice - TEMP NET 6

INSTRUCTIONS:

The TEMP NET 6 is used to notify the following individuals that their NET child care overpayment is due unless they enter into a new NET Child Care Repayment Agreement, TEMP NET 5:

- Participants who have not agreed to repay their overpayment;
- Participants who have failed to make a cash repayment as specified in their NET Child Care Agreement, TEMP NET 5.
- Participants who have left NET;
- Participants who have left AFDC, except those eligible for the Transitional Child Care (TCC) Program. For individuals eligible for TCC, follow the procedures specified in MPP Section 47-190;
- Participants whose overpayment was previously deferred and is now payable.

Fill in the date(s) the original NET Child Care Overpayment Notice, TEMP NET 4, was mailed to the participant.

Fill in the remaining amount owed.

Check the box which designates the reason for the final notice.

Complete the overpayment computation.

Fill in the County mailing address.

Fill in the County contact telephone number.

NON-GAIN EDUCATION AND TRAINING (NET) PROGRAM NOTICE OF ACTION FORMS AND MESSAGES

NOA Forms List

- o NA 804 Blank NET Notice of Action
- o NA 805 Approval of NET Program and Child Care
- o NA 806 Denial of NET Program
- o NA 807 NET Child Care Discontinuance
- o NA 808 NET Child Care Change
- o NA 809 NET Child Care Denial
- o NA 810 NET Child Care Overpayment Adjustment
- o NA 811 Good Cause Determination
- o Miller vs. Carlson/Your NET Hearing Rights - How to Ask for a State Hearing

NOA Messages

Seven NOA messages corresponding to all of the NOA forms listed above, except NA 804 Blank NET Notice of Action and Miller vs. Carlson/Your NET Hearing Rights - How to Ask for a State Hearing, have been developed. The County may decide to utilize either the NOA forms or NOA messages. The instructions included in this attachment apply to both the NOA forms and messages.

The two column format used for the NOA forms is also required for NOA messages when they are used by counties, except Welfare Case Data System (CDS) counties which are exempt from the two column format requirement. CDS counties will not have to implement the two-column format for NET NOA messages until SAWS is implemented. However, those CDS counties that are producing NET NOAs apart from their CDS system will need to implement the two-column format.

The left side of each form contains a description of the action that has been taken. The right side contains any calculations used as the basis of the action which has been taken. The Miller vs. Carlson/Your NET Hearing Rights - How to Ask for a State Hearing is to be used as a back for the NOA forms and messages.

General NOA Forms and Message Information

The NET NOA forms and messages were developed to cover the most common situations which would require client notification. Should a complex message or situation arise that is not covered by existing NET forms or messages, counties may modify or create new NOA messages or forms utilizing the AFDC language standards as a guideline.

Counties shall utilize AFDC rules for adequate and timely notice. However, counties will not be required to issue a NOA when a participant requests and receives a monthly payment which is below the maximum payment ceiling which has been established.

Blank NET Notice of Action, NA 804

Counties may print their NET NOA messages on this blank form.

Approval of NET Program and Child Care, NA 805

The NA 805 is to be used to approve a recipient's Request for NET Benefits (TEMP NET 2) and a participant's request for a six-month extension of his/her NET program. The form describes the process by which the child care payments are made to the participant. The form also shows how the child care payment amounts were computed. The county has 45 days from submission of the TEMP NET 2, Request for NET Benefits, to mail either the NA 805 to approve the NET program or the NA 806 to deny the NET program.

Denial of NET Program, NA 806

The NA 806 is to be used to deny a recipient's request for NET benefits or to deny a participant's request for a six-month extension of his/her NET program. The form is used when the recipient's education or training program does not meet the NET approval criteria, the recipient's child care costs are fully paid through other child care subsidies, the recipient is eligible for acceptance into the GAIN program, or when the recipient provides incomplete facts when applying for NET benefits.

NET Child Care Discontinuance, NA 807

When NET child care payments are discontinued or stopped, the county will send the NA 807 to the participant. The form describes the reason why the child care payments were stopped.

NET Child Care Change, NA 808

The county will send the NA 808 when there is a change in the payment limit or payment method for the participant's child care, or when there is a change in the child care provider. The form may be used when the changes are the result of a request from the participant, a change in the child care rates and hours, the child reaching the age of 13 years, or other circumstances.

NON-GAIN EDUCATION OR TRAINING (NET) HEARING RIGHTS

- You have the right to ask for a hearing if you disagree with any County decision regarding your status (standing) in the NET program.
- Asking for a hearing will not affect your AFDC cash aid.

To Ask For a State Hearing

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we gave or mailed you a notice.

While You Wait For A Hearing Decision

If you disagree with the County's decision about your NET program status:

- You do not have to participate in the unapproved self-initiated program.
- You cannot come into the NET program if we have told you we cannot serve you.
- You can keep going to an unapproved self-initiated program, but we will not pay you any NET child care services.
- To get any NET child care you must attend and make satisfactory progress in your approved NET program.

If you disagree with the County's decision about your NET child care payments, and you attend your approved NET program the County will pay child care services as follows:

- If we have told you your payments will be lowered, you will get the lower rate.
- If we have told you your payments will be made in a different form, you will be paid in the different form.
- If we have told you your payments will stop; you will not get any more payments, even if you attend your NET program.
- If we have denied payments before the hearing, you will not get the requested payments.

You may get free legal help at your local legal aid office or welfare rights group, or from the California Coalition of Welfare Rights Organization (CCWRO).

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

☐ NET Status ☐ NET child care

☐ Other (list) _____

Here's why: _____

I will bring this person to the hearing to help me
(name and address, if known):

I need an interpreter at no cost
to me. My language or dialect is: _____

My name: _____ (PRINT)

Address: _____

My signature: _____

Phone: _____ Date: _____

1 Administrative Procedure Act, Government Code sections 11134-
2 11156. When administratively feasible, as determined by the
3 State Department of Social Services, the Department shall
4 comply with the provisions of the Act by the adoption of
5 regulations necessary to incorporate the provisions of the
6 Order.

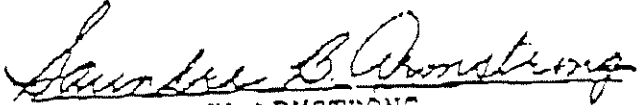
7 8. Nothing in this order shall prohibit State Defendants
8 from making subsequent changes in its provision of child care
9 assistance due to changes in state or federal law.

10 9. State Defendants shall not be denied federal financial
11 participation for their JOBS program, including supportive
12 services, based solely on their failure to include non-JOBS
13 education and training program information in the biennial
14 update to the state plan to be submitted to the Department of
15 Health and Human Services by July 1, 1992.

16 10. This interim order shall remain in effect until
17 modified by this Court.

18 SO ORDERED.

19
20
21 Dated: May 26, 1992


SAUNDRA BROWN ARMSTRONG
United States District Judge

1 instructions and forms used to implement this order, and shall
2 consult with plaintiffs' counsel prior to finalizing such
3 documents. The parties may seek the assistance of the Monitor
4 in resolving any issues arising from the implementation of this
5 order.

6 4. As permanent procedures are developed, all parties
7 shall continue to work in consultation with each other and with
8 the Monitor to achieve final implementation of this Court's
9 permanent injunction, and to resolve or present to the Court
10 for resolution any legal issues which arise in the course of
11 such implementation.

12 5. Federal Defendants shall hold State Defendants harmless
13 in any financial audit, audit proceeding, or similar activity,
14 in determining eligibility or payment authorizations for child
15 care assistance provided under this Order. This shall extend
16 for the period from the effective date of this Order until the
17 end of one year from the date of Federal Defendants' approval
18 of a subsequent state plan amendment to provide child care
19 assistance under the relevant federal statute.

20 6. State Defendants shall be entitled to federal financial
21 participation for child care assistance provided under this
22 Order from initial date of such assistance, without regard to
23 whether State Defendant's State Plan for Supportive Services
24 has been formally amended to include the criteria and procedure
25 relative to providing such care.

26 7. State Defendants shall implement the provisions of this
27 order without regard to the requirements of the California
28

1 training activities. Such child care shall be provided
2 pursuant to existing GAIN criteria for approval of self-
3 initiated programs and existing GAIN definitions for
4 satisfactory progress and attendance requirements as set forth
5 in California Welfare and Institutions Code (22320 et seq.), up
6 to the maximum payment rate allowed by federal law.

7 2. State Defendants shall take all steps necessary to
8 ensure that relief pursuant to this order is actually available
9 no later than July 1, 1992, including but not limited to:

10 a. begin notifying all AFDC recipients of the
11 availability of child care assistance pursuant to this order in
12 advance of July 1, 1992;

13 b. instructing the counties in advance of July 1, 1992
14 to do the following:

15 (i) provide child care assistance pursuant to
16 this order as of the date of application or as of the date of
17 actual eligibility for child care assistance, whichever is
18 later, to any individual eligible for relief on or after July
19 1, 1992;

20 (ii) provide adequate and timely notice to
21 individual members of the plaintiff class of county decisions
22 affecting their child care assistance; modified versions of
23 existing notices of action may be used for this purpose
24 (examples attached hereto);

25 3. State defendants shall implement interim relief
26 pursuant to this order in consultation with plaintiffs, shall
27 provide plaintiffs' counsel with draft copies of all
28

1 implementation plan and the recommendations of the Monitor."
2 The Court finds that 1) plaintiffs continue to suffer
3 irreparable injury in the absence of the child care assistance
4 ordered by this Court on December 30, 1991; 2) the state's
5 revised implementation plan unnecessarily proposes to delay
6 urgently needed relief until at least November of 1992; 3)
7 relief can be made available quickly through existing
8 mechanisms and criteria for the administration of child care
9 assistance; 4) use of existing mechanisms and criteria is
10 consistent with the Family Support Act, this Court's permanent
11 injunction and the Federal Action Transmittal, JOBS-ACF-AT-91-
12 16; 5) by contrast, state defendants' revised plan raises legal
13 questions which will require further briefing and argument.

14 Therefore, as an interim measure, pending the resolution of
15 legal issues concerning the state's proposed implementation
16 plan and pending the final implementation of the permanent
17 injunction,

18 IT IS HEREBY ORDERED THAT:

19 1. No later than July 1, 1992, Defendants John D. Healy,
20 the California Department of Social Services, Thomas Hayes and
21 the California Department of Finance, together with their
22 agents, employees, and successors in interest shall provide
23 child care assistance to members of the plaintiff class who
24 meet existing GAIN criteria for the approval of education and
25

26 _____
27 The Court notes that at the April 28 meeting with the Monitor,
28 both plaintiffs and state defendants supported the
establishment of a firm date for the implementation of relief.

1 January of 1993, a full year from the date of the permanent
2 injunction. Plaintiffs objected to the delay and moved to
3 enforce the Court's permanent injunction.

4 On March 24, 1992 this Court issued an order granting
5 plaintiffs' motion for enforcement of the injunction, denying
6 state defendants' motion for stay and appointing a Monitor to
7 oversee the prompt implementation of relief. This Court
8 rejected the State's arguments for a one-year delay, stating
9 that it would not "allow the State to unnecessarily delay in
10 providing child care benefits as required by federal law,"
11 (Enforcement Order at 7) (emphasis in original) or "to undermine
12 the spirit and intent of this Court's Order by dragging out the
13 implementation process." *Id.* at 7, note 7. Pursuant to the
14 Monitor's instructions, State Defendants drafted a revised
15 implementation plan. The revised plan proposes to delay relief
16 until at least November of 1992, over ten months from the date
17 of the Permanent Injunction. In a meeting with the Monitor on
18 April 28, 1992, plaintiffs objected to this delay. Plaintiffs
19 also objected to the criteria for approving education and
20 training activities outside of GAIN which state defendants
21 presented in draft form at the meeting."

22 The Court has considered the State Defendants' revised
23

24
25 "The state's proposed criteria for approving education and
26 training activities of the plaintiff class are significantly
27 narrower than the child care eligibility criteria for GAIN
28 participants. Briefing has been ordered on the issue of
whether the Family Support Act and this Court's Summary
Judgment Order permit narrower criteria.

FROM: DDC REGION IX

TO: ATTORNEY GEN: OFFICE

MAY 28, 1992 9:32AM P.02

ORIGINAL
FILED

MAY 28 1992

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIAUNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA

ELIZABETH MILLER, JUDI COCHRAN,
CATHLEEN WILLHITE, TANYA WARKE,
ELIZABETH VAN DYKEN, JOANNE LEWIS,
DEANNA THIEBERT, ALTHEA FOREMAN,
on behalf of themselves and all
others similarly situated,

NO. C-91-0676 SBA/BYP

CLASS ACTION

Plaintiffs,

v.

JOHN D. HEALY, in his official
capacity as Interim Director,
California Department of Social
Services; CALIFORNIA DEPARTMENT OF
SOCIAL SERVICES; THOMAS HAYES, in
his official capacity as Director,
California Department of Finance;
LOUIS W. SULLIVAN, M.D., in his
official capacity as Director,
United States Department of Health
and Human Services; UNITED STATES
DEPARTMENT OF HEALTH AND HUMAN
SERVICES,

INTERIM ORDER TO
ENFORCE PERMANENT
INJUNCTION

Defendants.

On December 30, 1991, this Court permanently enjoined the
State from denying child care assistance to AFDC recipients
solely because they are not in GAIN, and ordered the state
defendants to develop a plan for complying with its injunction.
On February 18, 1992, State Defendants submitted a plan which
would continue to deny any relief to plaintiffs until at least

Attachment 5

The following data have been identified by the Department of Health and Human Services (DHHS) as necessary for reporting Title IV-A non-GAIN child care.

- Number of families receiving child care services.
- Number of families receiving child care services and:
 - 1. On AFDC-FG
 - 2. On AFDC-U
 - 3. Have earnings
 - 4. Have no earnings
- The number of months that each family has received child care services, counting back from (and including) the current month.
- The number of families receiving child care services who are on AFDC-FG, and the child care is provided by:
 - 1. A relative, in the child's home
 - 2. A relative, outside the child's home
 - 3. A non-relative, in the child's home
 - 4. A non-relative, in a Family Day Care home
 - 5. A non-relative, in a Child Care Center
- The number of families receiving child care services who are on AFDC-U, and the child care is provided by:
 - 1. A relative, in the child's home
 - 2. A relative, outside the child's home
 - 3. A non-relative, in the child's home
 - 4. A non-relative, in a Family Day Care home
 - 5. A non-relative, in a Child Care Center
- Total expenditures, excluding administrative costs.
- Expenditures for families receiving child care services who are on AFDC-FG and the child care is provided by:
 - 1. A relative, in the child's home
 - 2. A relative, outside the child's home
 - 3. A non-relative, in the child's home
 - 4. A non-relative, in a Family Day Care home
 - 5. A non-relative, in a Child Care Center
- The number of children receiving child care assistance, whose families are:
 - 1. On AFDC-FG
 - 2. On AFDC-U

- The number of children receiving child care services whose family is on AFDC-FG and the child care is provided by:
 1. A relative, in the child's home
 2. A relative, outside the child's home
 3. A non-relative, in the child's home
 4. A non-relative, in a Family Day Care home
 5. A non-relative, in a Child Care Center

- The number of children receiving child care services whose family is on AFDC-U, and the child care is provided by:
 1. A relative, in the child's home
 2. A relative, outside the child's home
 3. A non-relative, in the child's home
 4. A non-relative, in a Family Day Care home
 5. A non-relative, in a Child Care Center

ESTIMATED PROGRAM COST

Attachment 6

	CDE Grant	Other Funding Sources	Total NET Cost
Alameda	1,316,116	2,553,264	3,869,380
Alpine	18,707	36,293	55,000
Amador	18,707	36,293	55,000
Butte	232,125	450,322	682,447
Calaveras	28,777	55,826	84,603
Colusa	18,707	36,293	55,000
Contra Costa	629,847	1,221,904	1,851,751
Del Norte	36,506	70,823	107,329
El Dorado	74,775	145,064	219,839
Fresno	1,274,100	2,471,754	3,745,854
Glenn	33,805	65,582	99,387
Humboldt	159,869	310,147	470,016
Imperial	198,761	385,595	584,356
Inyo	18,707	36,293	55,000
Kern	697,739	1,353,615	2,051,354
Kings	131,156	254,443	385,599
Lake	85,486	165,842	251,328
Lassen	36,342	70,504	106,846
Los Angeles	9,994,399	19,389,135	29,383,534
Madera	116,578	226,161	342,739
Marin	63,474	123,140	186,614
Mariposa	18,707	36,293	55,000
Mendocino	109,571	212,568	322,139
Merced	323,682	627,942	951,624
Modoc	18,707	36,293	55,000
Mono	18,707	36,293	55,000
Monterey	249,065	483,185	732,250
Napa	58,011	112,541	170,552
Nevada	42,315	82,092	124,407
Orange	1,164,324	2,258,790	3,423,114
Placer	104,543	202,812	307,355
Plumas	18,707	36,293	55,000
Riverside	1,089,039	2,112,737	3,201,776
Sacramento	1,528,164	2,964,639	4,492,803
San Benito	29,384	57,006	86,390
San Bernardino	2,023,837	3,926,244	5,950,081
San Diego	2,339,383	4,538,402	6,877,785
San Francisco	540,419	1,048,412	1,588,831
San Joaquin	772,394	1,498,443	2,270,837
San Luis Obispo	108,004	209,528	317,532
San Mateo	212,123	411,520	623,643
Santa Barbara	209,549	406,524	616,073
Santa Clara	1,026,026	1,990,490	3,016,516
Santa Cruz	125,114	242,721	367,835
Shasta	211,585	410,475	622,060
Sierra	18,707	36,293	55,000
Siskiyou	57,207	110,983	168,190
Solano	290,907	564,361	855,268
Sonoma	215,049	417,196	632,245
Stanislaus	495,192	960,672	1,455,864
Sutter	67,409	130,772	198,181
Tehama	66,173	128,375	194,548
Trinity	18,707	36,293	55,000
Tulare	635,411	1,232,698	1,868,109
Toulumne	38,560	74,806	113,366
Ventura	309,184	599,816	909,000
Yolo	146,941	285,066	432,007
Yuba	114,504	222,139	336,643
TOTAL	30,000,000	58,200,000	88,200,000

SUBJECT
TO
CHANGE

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

┌

┌

Questions? Ask your Worker.

┌

┌

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

Rules: These rules apply. You may review them at your welfare office: Miller v. Carlson.

NET Child Care Denial, NA 809

The NA 809 is to be used to deny a Request for NET Child Care Payment (TEMP NET 3). The form can be used when payment to a particular provider is denied or when a request to raise the participant's NET child care payment limit is denied.

NET Child Care Overpayment Adjustment, NA 810

The NA 810 is to be sent to the participant with their child care payment when an overpayment has occurred. It explains how the child care payment was adjusted as a result of the overpayment. It is distinguished from the NET Child Care Overpayment Notice, TEMP NET 4, in that the NA 810 is sent to explain why the reimbursement check is less than requested, while the TEMP NET 4 is the initial notice to the participant that an overpayment has occurred.

Good Cause Determination, NA 811

This form is used to notify a participant when he/she requests a good cause determination for not meeting NET program requirements. The county shall indicate whether the NET child care payment is being restored due to good cause or the payment continues to be reduced or discontinued due to a lack of good cause.

Miller vs. Carlson/Your NET Hearing Rights - How to Ask for a State Hearing

This page is to be used on the back of the NOA forms and explains the process for requesting a State Hearing.

The form must also be used in conjunction with a NOA or with the TEMP NET 4 and TEMP NET 6 forms which involve overpayments. The right side of the form contains a Hearing Request section which the participant can complete when requesting a State Hearing.

INSTRUCTIONS for Good Cause Determination - NA 811

The NA 811 is used to inform participants of the determination made regarding their request for good cause.

Enter the effective date of the determination in the blank at the top of the page.

Check the box that corresponds to the action taken: either restoring the NET child care payments or continuing the payment reduction or discontinuance.

Under "HERE'S WHY:", check the reason why the action was taken.

State of California
Department of Social Services

Manual Msg. No.:
Action: Good Cause
Reason: Child care
Title: Good Cause
Determination
Form. : NA 811
Effective Date : 7/1/92
Revision Date :

Auto ID No. :
Flow Chart No. :
Source : NET
Regulation Cite : Miller v. Carlson

MESSAGE:

On _____,

- [] We are restoring your Non-GAIN Education or Training (NET) child care payments from the date that they were lowered or stopped. Contact your worker for further information.
- [] We are denying your request for good cause and you will continue to be denied NET benefits until you reapply and meet the NET program eligibility requirements.

HERE'S WHY:

- [] You had a good reason for not meeting the NET program requirements.
- [] You did not request within 10 working days an opportunity to present your reason for not meeting NET program requirements.
- [] You did not have a good reason for not meeting the NET program requirements.

You can call your worker if you think this notice is wrong.

HOW TO ASK FOR A STATE HEARING

- The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

- HEARING REQUEST

I want a hearing because of an action by the Welfare Department

of _____ County about my

- ☐
- NET Status
- ☐
- NET child care

☐ Other (list) _____

Here's why: _____

This image shows a full page of white paper with horizontal black ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice or note-taking. There are no margins, text, or other markings on the page.

- I will bring this person to the hearing to help me
(name and address, if known):

My name: _____
(PRINT)

Address:

My signature: _____

Phone: _____ Date: _____

MILLER VS. CARLSON (7/92)

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

As of _____ until _____:

- ☐ The County has changed the payment limit for your Non-GAIN Education or Training (NET) child care from \$_____ per _____ to \$_____ per _____.
- ☐ The County has changed your payment method from _____ to _____.
- ☐ Your child care provider has changed. Your child care at _____ has been paid through _____. Payment for _____ starts after that date.

The county will only pay child care for days you are attending your approved NET program.

Here's Why:

- ☐ You requested this change.
- ☐ Your child care rate changed.
- ☐ Your child care hours changed.
- ☐ Your child _____ is now 13 years old (which is over the age we can pay for) and is not disabled or under court supervision.
- ☐ Other:

Your new child care payment limit is figured on this notice.

The rate is what your child care provider charges or the most we can pay based on your area's child care costs, whichever is less.

Child care payments will be :

- ☐ Paid back to you ☐ Paid to your provider
- ☐ Advanced to your provider ☐ Other

If your child care payments are paid back to you, you will receive your child care payment reimbursement about 20 days after you provide us a copy of your child care receipt.

YOU MUST TELL US BEFORE YOU CHANGE CHILD CARE PROVIDERS EXCEPT IN AN EMERGENCY, OR WE MAY NOT BE ABLE TO APPROVE AND PAY THE NEW PROVIDER.

You can call your worker if you think this notice is wrong.

Rules: These rules apply. You may review them at your welfare office: Miller v. Carlson.

Child(ren): _____

Child care for children not listed here stays the same.

\$_____ rate

x _____ ☐ hours ☐ days ☐ weeks ☐ month

= \$_____ per _____

Provider name: _____

Child(ren): _____

Child care for children not listed here stays the same.

\$_____ rate

x _____ ☐ hours ☐ days ☐ weeks ☐ month

= \$_____ per _____

Provider name: _____

Child(ren): _____

Child care for children not listed here stays the same.

\$_____ rate

x _____ ☐ hours ☐ days ☐ weeks ☐ month

= \$_____ per _____

Provider name: _____

NON-GAIN EDUCATION OR TRAINING (NET) HEARING RIGHTS

- You have the right to ask for a hearing if you disagree with any County decision regarding your status (standing) in the NET program.
- Asking for a hearing will not affect your AFDC cash aid.

To Ask For a State Hearing

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we gave or mailed you a notice.

While You Wait For A Hearing Decision

If you disagree with the County's decision about your NET program status:

- You do not have to participate in the unapproved self-initiated program.
- You cannot come into the NET program if we have told you we cannot serve you.
- You can keep going to an unapproved self-initiated program, but we will not pay you any NET child care services.
- To get any NET child care you must attend and make satisfactory progress in your approved NET program.

If you disagree with the County's decision about your NET child care payments, and you attend your approved NET program the County will pay child care services as follows:

- If we have told you your payments will be lowered, you will get the lower rate.
- If we have told you your payments will be made in a different form, you will be paid in the different form.
- If we have told you your payments will stop; you will not get any more payments, even if you attend your NET program.
- If we have denied payments before the hearing, you will not get the requested payments.

You may get free legal help at your local legal aid office or welfare rights group, or from the California Coalition of Welfare Rights Organization (CCWRO).

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

☐ NET Status ☐ NET child care

☐ Other (list) _____

Here's why: _____

I will bring this person to the hearing to help me
(name and address, if known):

I need an interpreter at no cost
to me. My language or dialect is: _____

My name: _____ (PRINT)

Address: _____

My signature: _____

Phone: _____ Date: _____

State of California
Department of Social Services

Manual Msg. No.:
Action: Change
Reason: Child care
Title: NET Child Care Change
Form. : NA 808
Effective Date : 7/1/92
Revision Date :

Auto ID No. :
Flow Chart No. :
Source : NET
Regulation Cite : Miller v. Carlson

MESSAGE:

As of _____ until _____:

☐ The County has changed the payment limit for your Non-GAIN Education and Training (NET) child care from \$_____ per _____ to \$_____ per _____.

☐ The County has changed your payment method from _____ to _____.

☐ Your child care provider has changed. Your child care at _____ has been paid through _____. Payment for _____ starts after that date.

The county will only pay child care for days you are attending your approved NET program.

Here's Why:

☐ You requested this change.

☐ Your child care rate changed.

☐ Your child care hours changed.

☐ Your child _____ is now 13 years old (which is over the age we can pay for) and is not disabled or under court supervision.

☐ Other:

Your new child care payment limit is figured on this notice.

The rate is what your child care provider charges or the most we can pay based on your area's child care costs, whichever is less.

Child care payments will be:

☐ Paid back to you

☐ Paid to your provider

☐ Advanced to your provider

☐ Other

If your child care payments are paid back to you, you will receive your child care payment reimbursement about 20 days after you provide us a copy of your child care receipt.

NET Child Care Change Page 2

YOU MUST TELL US BEFORE YOU CHANGE CHILD CARE PROVIDERS EXCEPT IN AN EMERGENCY, OR WE MAY NOT BE ABLE TO APPROVE AND PAY THE NEW PROVIDER.

You can also call your worker if you think this notice is wrong.

Child(ren): _____

Child care for children not listed here stays the same.

\$ _____ rate
x _____ []hours []days []weeks []month
= \$ _____ per _____

Provider name: _____.

INSTRUCTIONS for NET Child Care Change - NA 808

The NA 808 is used to:

- change child care payment maximums, or
- change child care payment method, or
- approve child care payments when the participant requests a new provider and the new provider meets regulatory approved criteria, or
- remove a child from payment (if a participant's only child is removed, use NET Child Care Discontinuance NOA Message).

When the change is an increase, the authorization date is the date the change was approved. Enter that date on the "as of _____" line and include the end date.

When the change is a decrease, the authorization date must allow for the ten-day timely notice period. Enter that effective date on the "as of _____" line and include the end date. This NOA must be timely.

Check the first box when there is a change in the child care payment maximum and include the payment amount and time period (per hour, day, week, or month).

Check the second box when there is a change in the child care payment method and fill in the former and new payment methods in the blanks.

Check the third box when there is a change in providers.

Under "Here's why," check the appropriate reason box. When you check the fourth box, fill in the name of the 13 year old child. When you check the "other" box, specify the reason for the action.

Complete a separate computation for every child who had a change in child care. It is not necessary to complete a calculation for payments that are not changing.

Repeat the computation if different rates are being provided. The county may use an alternate calculation when the standard computation does not explain how the payment limit was figured.

The county may replace the word "US" with a worker's name and phone number in the sentence which starts with "YOU MUST TELL US BEFORE....".

Complete all other applicable information.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

As of _____:

- ☐ Payment for your Non-GAIN Education or Training (NET) child care with _____ is denied.
- ☐ Your request to raise your NET child care payment limit is denied.

Here's why:

- ☐ You are not in an approved NET program.
- ☐ You are already getting the most the County can pay based on your area's child care costs.
- ☐ The NET child care you asked for is not needed to attend your approved NET program.
- ☐ Your child _____ is 13 or more years old, which is over the age we can pay for, and is not disabled or under court supervision.
- ☐ Your child _____ is not in your AFDC assistance unit and is not receiving federal foster care, or SSI/SSP payments.
- ☐ The child care provider you wanted must have a license but does not have one.
- ☐ The child care provider is not 18 years of age or older.
- ☐ The child care provider is your child's parent, legal guardian, or a member of your AFDC assistance unit.
- ☐ You have not provided us records that show your aided child _____ has a physical or mental condition that requires special care.
- ☐ Your aided child _____ is not under court supervision for a behavior or legal problem.

☐ Other:

You can also call your worker if you think this notice is wrong.

Rules: These rules apply. You may review them at your welfare office: Miller v. Carlson.

State of California
Department of Social Services

Manual Msg. No.:
Action : Deny
Reason: Child care
Title: NET Child Care Denial
Form No. : NA 809
Effective Date : 7/1/92
Revision Date :

Auto ID No. :
Flow Chart No. :
Source : NET
Regulation Cite : Miller v. Carlson

MESSAGE:

As of _____:

- ☐ Payment for your Non-GAIN Education or Training (NET) child care with _____ is denied.
- ☐ Your request to raise your NET child care payment limit is denied.

HERE'S WHY:

- ☐ You are not in an approved NET program.
- ☐ You are already getting the most the County can pay based on area's child care costs.
- ☐ The NET child care you asked for is not needed to attend your approved NET program.
- ☐ Your child _____ is 13 or more years old (which is over the age we can pay for) and is not disabled or under court supervision.
- ☐ Your child _____ is not in your AFDC assistance unit and is not receiving federal foster care, or SSI/SSP payments.
- ☐ The child care provider you wanted must have a license but does not have one.
- ☐ The child care provider is not 18 years of age or older.
- ☐ The child care provider is your child's parent, legal guardian, or a member of your AFDC assistance unit.
- ☐ You have not provided us records that show your aided child _____ has a physical or mental condition that requires special care.
- ☐ Your aided child _____, is not under court supervision for a behavior or legal problem.
- ☐ Other:

You can also call your worker if you think this notice is wrong.

NON-GAIN EDUCATION OR TRAINING (NET)
HEARING RIGHTS

- You have the right to ask for a hearing if you disagree with any County decision regarding your status (standing) in the NET program.
- Asking for a hearing will not affect your AFDC cash aid.

To Ask For a State Hearing

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we gave or mailed you a notice.

While You Wait For A Hearing Decision

If you disagree with the County's decision about your NET program status:

- You do not have to participate in the unapproved self-initiated program.
- You cannot come into the NET program if we have told you we cannot serve you.
- You can keep going to an unapproved self-initiated program, but we will not pay you any NET child care services.
- To get any NET child care you must attend and make satisfactory progress in your approved NET program.

If you disagree with the County's decision about your NET child care payments, and you attend your approved NET program the County will pay child care services as follows:

- If we have told you your payments will be lowered, you will get the lower rate.
- If we have told you your payments will be made in a different form, you will be paid in the different form.
- If we have told you your payments will stop; you will not get any more payments, even if you attend your NET program.
- If we have denied payments before the hearing, you will not get the requested payments.

You may get free legal help at your local legal aid office or welfare rights group, or from the California Coalition of Welfare Rights Organization (CCWRO).

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department

of _____ County about my

☐ NET Status ☐ NET child care☐ Other (list) _____

Here's why: _____

I will bring this person to the hearing to help me
(name and address, if known):

I need an interpreter at no cost to me. My language or dialect is: _____

My name: _____ (PRINT)

Address: _____

My signature: _____

Phone: _____ Date: _____

INSTRUCTIONS for NET Child Care Denial = NA 809

Use to deny child care payments or requests for raising the child care payment limit. Enter the date the determination was made. Enter the name of the child care provider for whom payment is denied on the "Payment for your child care with _____..." line. Check all appropriate boxes and complete all other applicable information. When checking the "Other" box specify the reason for the action.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

Your payment for child care expenses for _____ is \$ _____. This amount is less than what you asked for. Your payment limit has not changed.

Here's why:

- ☐ You have to pay us back any money we advanced to your provider that was not used to pay for NET child care expenses. We subtracted that portion of the advance payment that was not used to pay for NET child care.
- ☐ We subtracted the amount listed in your overpayment repayment agreement dated _____.
- ☐ We subtracted the amount we figured we need to take to adjust your overpayment. We told you about this in your overpayment notice dated _____.
- ☐ Other:

Call your worker if this adjusted payment means you will not be able to stay in your Non-GAIN Education or Training (NET) program or if it means you will have to change the child care provider you have now.

Call Your Worker If You Think This Action Is Wrong.

Rules: These rules apply. You may review them at your welfare office: Miller v. Carlson.

Your payment of \$ _____ for _____ has been adjusted effective _____ as follows.

\$ _____ amount you asked for
- _____ amount collected because of an overpayment
= \$ _____ adjusted child care payment

Your payment of \$ _____ for _____ has been adjusted effective _____ as follows.

\$ _____ amount you asked for
- _____ amount collected because of an overpayment
= \$ _____ adjusted child care payment

Your payment of \$ _____ for _____ has been adjusted effective _____ as follows.

\$ _____ amount you asked for
- _____ amount collected because of an overpayment
= \$ _____ adjusted child care payment

Phone: _____ Date: _____

State of California
Department of Social Services

Manual Msg. No.:
Action:
Reason: Overpayment
Title: NET Child Care
Overpayment Adjustment
Form No.: NA 810
Effective Date: 07/01/92
Revision Date:

Auto ID No. :
Flow Chart No:
Source : NET
Regulation Cite: Miller v. Carlson

MESSAGE:

Your payment for child care expenses for _____ is \$ _____.
This amount is less than what you asked for. Your payment limit has
not changed.

Here's why:

- [] You have to pay us back any money we advanced to your provider
that was not used to pay for NET child care expenses. We
subtracted that portion of the advance payment that was not used
to pay for NET child care.
- [] We subtracted the amount listed in your overpayment repayment
agreement dated _____.
- [] We subtracted the amount we figured we need to take to adjust
your overpayment. We told you about this in your overpayment
notice dated _____.
- [] Other:

Call your worker if this adjusted payment means you will not be able to
stay in your Non-GAIN Education and Training (NET) program or if it
means you will have to change the child care provider you have now.

Call Your Worker If You Think This Action Is Wrong.

Your payment of \$ _____ for _____ has been adjusted effective
_____ as follows:

\$	_____	amount you asked for
-	_____	amount collected because of an overpayment
=	\$ _____	adjusted child care payment

INSTRUCTIONS for NET Child Care Overpayment Adjustment - NA 810

This NOA must be sent at the same time as the reduced payment.

Use this NOA to recover a NET Child Care overpayment by adjusting a future child care payment, either automatically or in accordance with a signed NET Child Care Repayment Agreement (TEMP NET 5) after the NET Child Care Overpayment Notice (TEMP NET 4) has been sent.

This NOA must be issued each time a payment adjustment is made.

Fill in the month of action and the reduced payment amount in the first sentence.

Under "Here's why:", check the appropriate box. If the adjustment was from an overpayment on an advance paid to the child care provider, check the first box. If the reduction is made in accordance with a signed repayment agreement, check the second box and enter the date of the repayment agreement. If the reduction is due to an automatic payment adjustment (either five or ten percent), check the third box and enter the date of the overpayment notice. If the reduction is due to a reason other than those listed, check the last box and specify the reason.

In the computation section, fill in the amount of the current payment, the month for which the payment is being made and the effective date of the payment adjustment. On the first line of the calculation, enter the actual amount requested by the individual. On the second line, enter the amount owed because of the overpayment. On the third line, complete the calculation to show the amount to be paid after the overpayment amount is deducted.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case : _____
Name : _____
Number : _____
Worker : _____
Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

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Questions? Ask your Worker.

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State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

On _____

- ☐ We are restoring your Non-GAIN Education or Training (NET) child care payments from the date that they were lowered or stopped. Contact your worker for further information.
- ☐ We are denying your request for good cause and you will continue to be denied NET benefits until you reapply and meet the NET program eligibility requirements.

HERE'S WHY:

- ☐ You had a good reason for not meeting the NET program requirements.
- ☐ You did not request within the 10 working days an opportunity to present your reason for not meeting NET program requirements.
- ☐ You did not have a good reason for not meeting the NET program requirements.

You can call your worker if you think this notice is wrong.

Rules: These rules apply. You may review them at your welfare office: Miller v. Carlson.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

As of _____ until _____:

- ☐ Your request for Non-GAIN Education or Training (NET) program participation has been approved.
- ☐ Your request for a six-month extension of your NET program participation is approved.

The County has approved your NET child care. The most we will pay is \$ _____ per _____.

The County will only pay child care for days you are attending your approved NET program.

Your child care payment limit is figured on this notice.

The rate is what your child care provider charges or the most we can pay based on your area's child care costs, whichever is less.

Child care payments will be:

- ☐ paid back to you ☐ paid back to provider
☐ advanced to provider ☐ other

If child care payments will be paid back to you, you will receive your child care payment reimbursement about 20 days after you provide us a copy of your child care receipt.

You will have to pay us back any money that you are not entitled to receive.

You can call your worker if you think this notice is wrong.

YOU MUST TELL US BEFORE YOU CHANGE CHILD CARE PROVIDERS EXCEPT IN AN EMERGENCY OR WE MAY NOT

Rules: These rules apply. You may review them at your welfare office: Miller v. Carlson.

Child(ren): _____

Child care for children not listed here stays the same.

\$ _____ rate

x _____ ☐ hours ☐ days ☐ weeks ☐ month

= \$ _____ per _____

Provider name: _____

Child(ren): _____

Child care for children not listed here stays the same.

\$ _____ rate

x _____ ☐ hours ☐ days ☐ weeks ☐ month

= \$ _____ per _____

Provider name: _____

Child(ren): _____

Child care for children not listed here stays the same.

\$ _____ rate

x _____ ☐ hours ☐ days ☐ weeks ☐ month

= \$ _____ per _____

Provider name: _____

HOW TO ASK FOR A STATE HEARING

- You have the right to ask for a hearing if you disagree with any County decision regarding your status (standing) in the NET program.
- Asking for a hearing will not affect your AFDC cash aid.

To Ask For a State Hearing

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we gave or mailed you a notice.

While You Wait For A Hearing Decision

If you disagree with the County's decision about your NET program status:

- You do not have to participate in the unapproved self-initiated program.
- You cannot come into the NET program if we have told you we cannot serve you.
- You can keep going to an unapproved self-initiated program, but we will not pay you any NET child care services.
- To get any NET child care you must attend and make satisfactory progress in your approved NET program.

If you disagree with the County's decision about your NET child care payments, and you attend your approved NET program the County will pay child care services as follows:

- If we have told you your payments will be lowered, you will get the lower rate.
- If we have told you your payments will be made in a different form, you will be paid in the different form.
- If we have told you your payments will stop; you will not get any more payments, even if you attend your NET program.
- If we have denied payments before the hearing, you will not get the requested payments.

You may get free legal help at your local legal aid office or welfare rights group, or from the California Coalition of Welfare Rights Organization (CCWRO).

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department
of _____ County about my _____

☐ NET Status ☐ NET child care

☐ Other (list) _____

Here's why: _____

I will bring this person to the hearing to help me
(name and address, if known):

I need an interpreter at no cost
to me. My language or dialect is: _____

My name: _____
(PRINT)

Address: _____

My signature: _____

Phone: _____ Date: _____

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

State of California
Department of Social Services

Manual Msg. No.:
Action: Approve
Reason: Child care
Title: Approval of NET Program
and Child Care

Auto ID No. :
Flow Chart No. :
Source : NET
Regulation Cite : Miller v. Carlson

Form No. : NA 805
Effective Date : 7/1/92
Revisions Date :

MESSAGE:

As of _____ until _____:

☐ Your request for non-GAIN Education and Training (NET) program participation has been approved.

☐ Your request for a six-month extension of your NET program is approved.

The County has approved your NET child care. The most we will pay is \$_____ per _____.

The County will only pay child care for days you are attending your approved NET program.

Your child care payment limit is figured on this notice.

The rate is what your child care provider charges or the most we can pay based on your area's child care costs, whichever is less.

Child care payments will be:

☐ Paid back to you ☐ Paid to your provider
☐ Advanced to your provider ☐ Other

If child care payments will be paid back to you, you will receive your child care payment reimbursement about 20 days after you provide us a copy of your child care receipt.

You will have to pay us back any money that you are not entitled to receive.

You can call your worker if you think this notice is wrong.

YOU MUST TELL US BEFORE YOU CHANGE CHILD CARE PROVIDERS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY THE NEW PROVIDER.

Child(ren): _____

Child care for children not listed here stays the same.

\$_____ rate
x _____ [] hours [] days [] weeks [] month
= \$_____ per _____

Provider name: _____.

INSTRUCTIONS for Approval of NET Program and Child Care - NA 805

Use to approve NET participation and authorize child care payments.

The authorization date is the date the activity begins; fill in this date and the end date in the blanks in the top line of the form.

Check the first box for approval of NET program participation. Check the second box for approval of a six-month extension of the NET program.

Include the maximum payment amount and time period (per hour, day, week, month).

Indicate the method of payment by checking one of the four choices.

Complete applicable computation(s) and repeat the computation if different rates are being provided. The County may use an alternate calculation when the standard computation does not explain how the payment limit was figured.

The County may replace the word "US" with a worker's name and phone number in the sentence which starts with "YOU MUST TELL US BEFORE.....".

Complete all other applicable information.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

- ☐ Your request for approval of your Non-GAIN Education or Training (NET) program is denied.
- ☐ Your request for a six-month extension of your Non-GAIN Education and Training (NET) Program is denied.

HERE'S WHY:

- ☐ Your NET program cannot be finished within two years.
- ☐ You already have a bachelor's or graduate degree
- ☐ With your current skills you can earn at least two times the federal poverty level which is \$_____ a year.
- ☐ Your education or training program is not needed to reach your job goal of _____.
- ☐ Your job goal, _____, is not in demand in this area.
- ☐ You do not meet any of the reasons an extension can be given
 - 1.) Completion of your basic education classes does not require more class time than was estimated when you began the program.
 - 2.) Your school's sequence of required classes does not prevent your completion within the two-year period.
 - 3.) You do not have a personal or family crisis that prevents you from completing the program without an additional six months of attendance.
 - 4.) Your self-initiated program cannot be finished in the next six months.
- ☐ You are receiving other child care subsidies.
- ☐ You are eligible for and able to receive GAIN program services in the county.
- ☐ You must give us all the facts that we need to see if you could get NET child care assistance. You did not give us:

You can call your worker if you think this notice is wrong.

Rules: These rules apply. You may review them at your welfare office: Miller v. Carlson.

INSTRUCTIONS for Denial of NET Program - NA 806

The NA 806 is used to deny a request for approval of a NET program and to deny a request for a six-month extension of a NET program.

Check one of the two boxes at the top of the page which corresponds to the action being taken: either denial of a NET program approval request or denial of an extension request.

Check one or more of the boxes under "HERE'S WHY".

The number to be inserted in the blank space in the third reason, potential earnings, is two times the Federal poverty level for the appropriate family size. These amounts are transmitted to the county via All-County Letter.

Complete all other applicable information.

State of California
Department of Social Services

Manual Msg. No.:
Action : Denial
Reason: Child care
Title: Denial of NET Program
Form No. : NA 806
Effective Date : 7/1/92
Revision Date :

Auto ID No. :
Flow Chart No. :
Source : NET
Regulation Cite: Miller v. Carlson

MESSAGE:

- ☐ Your request for approval of your Non-GAIN Education or Training (NET) program is denied.
- ☐ Your request for a six-month extension of you Non-GAIN Education and Training (NET) program is denied.

HERE'S WHY:

- ☐ Your NET program cannot be finished within two years.
 - ☐ You already have a bachelor's or graduate degree.
 - ☐ With your current skills you can earn at least two times the federal poverty level which is \$_____ a year.
 - ☐ Your education or training program is not needed to reach your job goal of _____.
 - ☐ Your job goal, _____, is not in demand in this area.
 - ☐ You do not meet any of the reasons an extension can be given.
 - 1) Completion of your basic education classes does not require more class time than was estimated when you began the program.
 - 2) Your school's sequence of required classes does not prevent your completion with the two-year period.
 - 3) You do not have a personal or family crisis that prevents you from completing the program without an additional six months of attendance.
 - 4) Your self-initiated program cannot be finished in the next six months.
 - ☐ You are receiving other child care subsidies.
 - ☐ You are eligible for and able to receive GAIN program services in the county.
 - ☐ You must give us all the facts that we need to see if you could get NET child care assistance. You did not give us:
-
-
-

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

As of _____, payment(s) for your Non-GAIN Education or Training (NET) child care will stop.

HERE'S WHY:

- ☐ You are no longer attending your approved NET program.
- ☐ You are not making satisfactory progress in your approved NET program.
- ☐ You are attending your approved NET program less than full-time without a good reason.
- ☐ You moved out of this county.
- ☐ You went off cash aid.
- ☐ You child _____ is 13 or more years old, which is over the age we can pay for, and is not disabled or under court supervision.
- ☐ Your child _____ is no longer in the AFDC assistance unit.
- ☐ Your child(ren) no longer need(s) child care.
- ☐ Your child care provider is your child's parent, legal guardian, or a member of your AFDC assistance unit.
- ☐ You did not increase your hours of attendance in your approved NET program to full-time as you said you would.
- ☐ You are attending your approved NET program less than half-time.
- ☐ Other:

You can call your worker if you think this notice is wrong.

You have 10 working days from the date of this notice to request, either in writing or by telephone, from the county the opportunity to present your explanation for not meeting NET program requirements.

Rules: These rules apply. You may review them at your welfare office: Miller v. Carlson.

NON-GAIN EDUCATION OR TRAINING (NET) HEARING RIGHTS

- You have the right to ask for a hearing if you disagree with any County decision regarding your status (standing) in the NET program.
- Asking for a hearing will not affect your AFDC cash aid.

To Ask For a State Hearing

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we gave or mailed you a notice.

While You Wait For A Hearing Decision

If you disagree with the County's decision about your NET program status:

- You do not have to participate in the unapproved self-initiated program.
- You cannot come into the NET program if we have told you we cannot serve you.
- You can keep going to an unapproved self-initiated program, but we will not pay you any NET child care services.
- To get any NET child care you must attend and make satisfactory progress in your approved NET program.

If you disagree with the County's decision about your NET child care payments, and you attend your approved NET program the County will pay child care services as follows:

- If we have told you your payments will be lowered, you will get the lower rate.
- If we have told you your payments will be made in a different form, you will be paid in the different form.
- If we have told you your payments will stop; you will not get any more payments, even if you attend your NET program.
- If we have denied payments before the hearing, you will not get the requested payments.

You may get free legal help at your local legal aid office or welfare rights group, or from the California Coalition of Welfare Rights Organization (CCWRO).

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department

of _____ County about my

☐ NET Status ☐ NET child care

☐ Other (list) _____

Here's why: _____

I will bring this person to the hearing to help me
(name and address, if known):

I need an interpreter at no cost
to me. My language or dialect is: _____

My name: _____ (PRINT)

Address: _____

My signature: _____

Phone: _____ Date: _____

State of California
Department of Social Services

Manual Msg. No.:
Action : Discontinue
Reason: Child Care
Title: NET Child Care
Discontinuance
Form No. : NA 807
Effective Date : 7/1/92
Revision Date :

Auto ID No. :
Flow Chart No. :
Source : NET
Regulation Cite: Miller v. Carlson

MESSAGE:

As of _____, payment(s) for your Non-GAIN Education and Training (NET) child care will stop.

HERE'S WHY:

- ☐ You are no longer attending your approved NET program.
- ☐ You are not making satisfactory progress in your approved NET program.
- ☐ You are attending your approved NET program less than full-time without a good reason.
- ☐ You moved out of this county.
- ☐ You went off cash aid.
- ☐ Your child _____ is 13 or more years old, which is over the age we can pay for, and is not disabled or under court supervision.
- ☐ Your child _____ is no longer in the AFDC assistance unit.
- ☐ Your child(ren) no longer need(s) child care.
- ☐ Your child care provider is your child's parent, legal guardian, or a member of your AFDC assistance unit.
- ☐ You did not increase your hours of attendance in your approved NET program to full-time as you said you would.
- ☐ You are attending your approved NET program less than half-time.
- ☐ Other:

You can call your worker if you think this notice is wrong.

You have 10 working days from the date of this notice to request, either in writing or by telephone, from the county the opportunity to present your explanation for not meeting NET program requirements.

INSTRUCTIONS for NET Child Care Discontinuance - NA 807

The NA 807 is used to discontinue child care payments. Enter the effective date of the action. Check the appropriate box and complete all other applicable information. When checking the "Other" box specify the reason for the action. This NOA must be sent timely.